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APPLICANTS David Peter Shaw, Christchurch, NEW ZEALAND;				
** CONTINUING DATA ***** <input checked="" type="checkbox"/> This application is a 371 of PCT/NZ04/00146 07/09/2004				
** FOREIGN APPLICATIONS ***** <input checked="" type="checkbox"/> NEW ZEALAND 527025 07/16/2003				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/12/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input checked="" type="checkbox"/>		STATE OR COUNTRY NEW ZEALAND	SHEETS DRAWING 7	TOTAL CLAIMS 14
Verified and Acknowledged: <u> </u> Examiner's Signature Initials				INDEPENDENT CLAIMS 2
ADDRESS 21567				
TITLE Prosthetic valves for medical application				
FILING FEE RECEIVED 1760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	